Templates Part II
Interim Progress Report - Budget Period Three
Workplan - Budget Period Four
Focus Area G: Education and Training

Budget Period Three Progress Report

Using the Interim Progress Report template below, provide a brief status report that describes progress made toward achievement of each of the *critical capacities* and *critical benchmarks* outlined in the continuation guidance issued by CDC in February 2002. Applicants should describe their agency's overall success in achieving each critical capacity. The progress report narratives should not exceed 1 page, single-spaced, for each critical capacity. Applicants are welcome to use bullet-point format in their answers, so long as the information is clearly conveyed in the response.

CRITICAL CAPACITY: To ensure the delivery of appropriate education and training to key public health professionals, infectious disease specialists, emergency department personnel, and other healthcare providers in preparedness for and response to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies, either directly or through the use (where possible) of existing curricula and other sources, including schools of public health and medicine, academic health centers, CDC training networks, and other providers.

Provide an update on progress during Project Year III toward achieving this critical capacity:

Washington State Department of Health (DOH) addressed critical capacity #16 by concentrating capacity building in 3 primary areas: Human Resources; Technology and Reducing Barriers to Participation in Learning activities.

Human Resources

Local Capacity: All 9 regions have employed Regional Learning Specialists (RLS) to provide learning support services and work in collaboration with local EMS/Trauma and hospital trainers for assessment, delivery and evaluation of learning services and products:

- Due to budget and FTE freezes, many regions were delayed in hiring, but by January 2003, all nine regions identified an RLS.
- Seven of nine RLS completed the Train-The-Trainer for Core Functions in December 2002, and all expect to host a regional or bi-regional Core Functions workshop by the end of calendar year (CY) 2003.
- The RLS were also involved with coordination of regional training for smallpox, administering pre/post tests, distributing materials, registration, etc.
- Preliminary training plans have been submitted by each RLS. A statewide local health jurisdiction and hospital capacity assessment was distributed and completed in the fall of 2002, and results have been analyzed by focus area. *(See Attachment: "*Statewide Training Needs"*)* The education and training information is being used by the RLS and the state Focus Area G Coordinator to assist both with identifying and setting priorities for the 2003-2004-grant cycle and for the second phase of the assessment process, which

will be more qualitative in nature and completed by the end of CY 2003.

- To foster learning among RLS, those who were hired attended the annual Public Health Training Network) PHTN conference in October, 2002 that also included a state meeting. Another state meeting was held in June, 2003. This meeting included training on the WAPHTN for registration and tracking of satellite conferences, education and training.
- Education and Training for Emergency Preparedness/Bioterrorism and Smallpox topics/content were delivered across the nine regions through classrooms, live presentations, conferences, satellite broadcasts, audio conferences, video conferences, Webcasts, Web site publications, CD's, video's, and drills and exercises.
  *(See attachment: "*Washington Public Health Training Network (WAPHTN) Statistics*")*

State Capacity: To increase expertise and provide support to the regions, investments have been targeted toward hiring 3.0 FTE's:

- A Regional Learning Support Liaison with both instructional design and training experience was hired in February, 2003
- A Learning Technology Specialist was also hired in February, 2003 primarily for web and database development
- A .5 FTE was hired in February, 2003 to increase distance learning technical and operational support
- A .5 FTE was hired in September, 2002 to provide additional administrative support for the workforce development unit and Focus Area G which now includes a total of 4.5 FTEs

While much of the initial focus was on smallpox related activities, the Regional Learning Support Liaison has met individually with 5 of the RLS and will meet with all of them by the end of this grant cycle to provide technical assistance and consultation. Through the coordination of the Liaison, a 2-day statewide meeting was held in early June to facilitate competency building through peer exchange as well as more formalized training to use the on-line registration system as an operational tool at the regional level. All state staff have been and will be involved in making the technology enhancements so that the system can be used at the regional level, and in planning and delivering the training.

Technology

Due to delays resulting from the emphasis on Smallpox activities, the capacity assessment data is just now being analyzed. Preliminary analysis indicates the need for additional downlink capacity at both the state and local level. Thus far commitments have been made to fund the following projects:

State Capacity

- Satellite downlink sites at the DOH Public Health Laboratories (WAPHL) in Shoreline, Washington and at the new Olympia DOH facility
- The purchase and/or enhancement of the existing on-line registration and library system toward a more comprehensive and integrated Knowledge Management System/Learning Management System (KMS/LMS)
- The purchase of a centralized video conferencing (VC) bridge/gateway service covering all DOH locations. This will include VC scheduling and stakeholder billing capability

when necessary. The video conferencing service may be used by LHJ's depending on certain infrastructure requirements being met. However, each LHJ will need to acquire their own VC equipment and support it as well as the need for on going video conferencing maintenance costs to be budgeted by each LHJ. These issues will be addressed further in the upcoming grant cycle.

Local Capacity

- LCD projectors and laptops were the most common purchases for the regions
- Scanners
- Overhead projectors
- Copiers
- TV/VCR

Reducing Barriers

Due to Smallpox activities, much of this funding at both state and local levels has been used to offset expenses related to this work. For example at the state level a portion of an existing state Immunization Program FTE was funded to assist with development, coordination and facilitation of Smallpox training activities. At the regional level, funds have been used to pay for travel and per diem to support attendance at one of two state smallpox clinics that were concurrently used as mediums to implement the Train-the-Trainer (TTT) model recommended by CDC. Other funds have been used primarily to cover registration fees for training and resource materials for other bioterrorism related topics.

Smallpox Training

DOH conducted 2 pilot smallpox vaccination clinic trainings and conducted two Stage 1 smallpox vaccination clinics. Public health staff were trained using a TTT model in both western and eastern Washington. These public health trainees then conducted training and vaccination clinics in the 9 state regions. 127 people have been trained at the state level and 543 people have been trained throughout the regions.

Primarily the training consisted of materials and information provided by CDC and supplemented with Washington specific information/forms. All training materials were provided to each participant in a notebook along with a CD to each RLS to provide easy access to the information to customize regionally as needed. DOH also collaborated with the hospital association to conduct a web-based training for health care providers, and, DOH provided access to other satellite and on-line trainings. The Washington PHTN (WAPHTN) was used to track numbers trained along with supporting information. Data from statewide clinic reports are being compiled and evaluated to gain knowledge to enhance, modify or change existing training techniques and materials.

Critical Benchmark #14: What is the status of your state's assessment of the training needs in preparedness for and response to bioterrorism/emergency events for public health and private health professionals? Choose only one of the following.

- ☐ Assessment work has not begun (0% completed)
- ☐ Assessment work has just started (less than 25% completed)
- ☐ Assessment work is underway (25-50% completed)
- ☒ Assessment work is more than half way completed (51-75% completed)
- ☐ Assessment work is close to completion (greater than 75% completed)
- ☐ Assessment work completed (100% completed)

Budget Year Four Workplan

For each Recipient Activity applicants should complete the work plan templates attached below. Applicants are welcome to use bullet-point format in their answers, so long as the information is clearly conveyed in the response. All responses should be brief and concise. **Please note that full use of the CDC templates will meet all of the requirements for submission of a progress report and work plan**. Although no additional information is required, grantees may elect to submit other essential supporting documents via the web portal by uploading them as additional electronic files.

CRITICAL CAPACITY #16: To ensure the delivery of appropriate education and training to key public health professionals, infectious disease specialists, emergency department personnel, and other healthcare providers in preparedness for and response to bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies, either directly or through the use (where possible) of existing curricula and other sources, including Centers for Public Health Preparedness, other schools of public health, schools of medicine, other academic medical centers, CDC training networks, and other providers.

RECIPIENT ACTIVITIES:

1. Support a Focus Area G Coordinator.

Strategies: What overarching approach(es) will be used to undertake this activity?

Continued Investments

A. Continue to leverage existing local, state and federal training and distance learning capacity through investments in local and state staff with expertise in technology applications, instructional design, and training/learner support at the regional and state levels

State level

1. Focus Area G Coordinator/Regional Learning Support Liaison
2. Learning Technology Specialist
3. Administrative Support
4. .5 Distance Learning Specialist

Regional Level

Provide funding support (including travel, equipment, etc.) for 9 Regional Learning Specialists (RLS) through contracts.

New Investments

Regional Level

B. To improve integration with each focus area at the regional level, the Focus Area G Coordinator will facilitate quarterly meetings with RLS to identify regional emerging issues, provide a forum for collaborative problem solving, and share best practices. Some of these meetings and occasional additional meetings will be used for joint regional meetings between

RLS and regional staff from Focus Areas A, B, C, D, E and F for additional planning and coordination.

State Level

C. To improve integration with each focus area and other related content areas at the state level, individuals within each of these areas and/or programs will be identified to serve as liaisons. These liaisons will have both content and training expertise, and meet regularly with the Focus Area G Coordinator for planning and implementing learning projects. Some of these liaisons will require additional funding:

1) Smallpox Education/Training Coordinator to coordinate and integrate Smallpox and Strategic National Stockpile (SNS) training activities with Immunizations training activities. (located in Immunization Program) *(FA-G, RA5-9*) (Funding provided through Focus Area A- SNS) (Link with Focus Areas A & B)
2) Epidemiology Learning Liaison to integrate Focus area B training activities (1.0 FTE shared with Focus Area B/located in Focus Area B – (Funding provided by Focus Area B) (Link with Focus Area B)
3) Laboratory Learning Liaison to integrate Focus Area C and D training activities (Funding provided by Focus Areas C/D) (Link with Focus Areas C/D)
4) Communications Liaison to integrate Focus Area F training activities (located in OPHSPD unit- continue funding from F) (Link with Focus Area F)
5) Hospital Liaison to integrate hospital activities (Funding provided through HRSA and Washington State Hospital Association contract) (Cross-Cutting Education/Training/HRSA)
6) Other program content areas will identify an existing staff person to serve in this role:
   - Focus Area A Learning Liaison to integrate activities associated with drills and exercises with Focus Area G. (Link with Focus Area A)
   - For Focus Area E, the Learning Technology Specialist on the Focus Area G team will serve as the liaison for integration of learning technology projects with Public Health Information Network (Health Alert Network and Washington Electronic Disease Surveillance System (WEDDS). (Link with Focus Area E)
   - Chemical and Radiological Liaison for ed/training activities to integrate with Environmental Health *(Link with Environmental Health)*

Tasks: What key tasks will be conducted in carrying out each identified strategy?

a. Continue level funding and FTE support for both State staff and RLS hired last year
b. Provide budgetary support for quarterly RLS and regional joint focus area meetings and schedule appropriately
b.1 Identify Smallpox Education/Training Coordinator
c.2-6 Identify or hire (as outlined) content/learning liaisons for Focus Areas A, B, C, D, HRSA, Environmental Health

Timeline: What are the critical milestones and completion dates for each task?

a-d. September-November, 2003

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

For all tasks, Focus Area G Coordinator/Budget Program Specialist. Additionally:

a, c. Use contracting process to disseminate regional funds to support RLS

b. Schedule meetings in collaboration with RLS, regional staff and respective state level Focus Area Leads

d. Focus Area G Coordinator will collaborate with respective Focus Area and Program leads

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

a, c. State staff appropriately coded to PHEPR budget and regional contracts in place by 9/03
b. All initial meetings scheduled through 2004, by 9/03
c. All Liaisons identified or hired by November, 2003

Overall metrics to be collected:

- Number of workforce trained
- Number of classroom training experiences provided
- Number of distance-based experiences provided

2. Implement a learning management system capable of collecting and reporting data on all training and educational activities as well as able to share "best practices" with other public health agencies. (See Appendix 4 for IT Functions #1-5.)

Strategies: What overarching approach(es) will be used to undertake this activity?

Note: Priority stakeholders for the first year include state/local public health workforce including laboratorians. Hospitals can choose to either participate in the DOH system or use their own system for collecting and reporting data to DOH. (HRSA funding should be used for hospitals)
(*Link with Focus Area E*)

a. Define, document and prioritize the functional requirements (including the ability to share best practices) for an LMS to be run by DOH and used as administrative tools by the regions and other stakeholders

b. Research and evaluate LMS options such as TRAIN, WAPHTN enhancement, and third party systems, such as UIC, off-the-shelf vendor product

c. Analyze IT infrastructure needs, based upon option choices, for consistency with Washington state IT data standards, Public Health Information Network (PHIN) and other national governmental standards; establish infrastructure as required for LMS choice

d. Select/acquire LMS product or enhance existing on-line registration system

e. Review security standards, privacy and public disclosure policies and other national standards and laws; develop policies as appropriate or required

f. Develop implementation and ongoing evaluation plan

g. Evaluate, test and refine as appropriate

h. Create a data management/reporting/integration plan to include existing data, hospital data and other additional data as required

Tasks: What key tasks will be conducted in carrying out each identified strategy?

a. 1. Educate RLS about LMS and collaborate to define functional requirements for an LMS

2. Communicate, inform and educate priority stakeholders (state, regional and local public health with special attention to laboratorians, hospitals and others) about LMS and its business value as it relates to the DOH Public Health Emergency Preparedness and Response (PHEPR) program

b. Meet with representatives from the four LMS options being considered to:
- review functions/elements list
- costs/ROI
- compatibility with PHIN/DOH/National IT requirements, specifications and standards

c. Consult and collaborate with Focus Area E, DOH division of Information resource Management (DIRM) or other state and national IT entities to determine required data standards, reporting, policy or other IT needs or concerns

d. Acquire LMS system or begin enhancement of WAPHTN as determined by choice of systems

e. Develop policies as determined or required

f. Develop implementation and evaluation plan

g. Pilot implementation plan

- select implementation pilot site(s)
- evaluate, test and refine implementation plan as necessary
- complete implemenation plan

h. Develop requirements and plan for data management/reporting/integration from multiple sources
- pilot data management/reporting/integration with a single site
- test and evaluate
- establish policy/process if required
- refine as required
- implement

Timeline: What are the critical milestones and completion dates for each task?

a-c. July-September, 2003

d. September, 2003

e. October-December, 2003

f. November-December, 2003

g. January-February, 2004

h. November, 2003 – January, 2004

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

a. Focus Area G Coordinator, Learning Technology Specialist, Distance Learning Managers, RLS

b, c. Focus Area G Coordinator, Learning Technology Specialist, Focus Area E and DOH DIRM, CDC Focus Area G

d. Focus Area G Coordinator, Learning Technology Specialist, Workforce Development Manager, Distance Learning Managers

e-h. Focus Area G Coordinator, Learning Technology Specialist, Workforce Development Manager, Distance Learning Managers, RLS

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

a. List of functional requirements for the LMS
b. LMS or WAPHTN enhancement determined
c. Implementation plan developed
d. Evaluation plan developed
e. Pilot implementation successful
f. Policies developed and communicated
g. Data management/reporting/integration taking place routinely
h. Education/Training statistics being reported and reviewed routinely
i. EP/BT competencies being determined and assessed

3. Develop and initiate a training plan (1 year), which ensures priority preparedness training is provided across all Focus Areas to the state and local public health workforce, healthcare professionals, and laboratorians. **(CRITICAL BENCHMARK #25)**

Strategies: What overarching approach(es) will be used to undertake this activity?

Note: Key stakeholders for the coming grant year are defined as local and state public health agencies, and hospital, including laboratorians. Priority stakeholders for following years are other healthcare providers (including mental health).

Strategies:

Assessment

A. Implement a qualitative assessment (using focus groups and/or other methods) to further clarify competency and performance areas to target for learning projects within each region and at the state level. (e.g. "Epi Concepts" was identified as a priority area, but to have enough information to match with an appropriate learning product, we need to define further.) Data sources include:
   - Education/training priorities from the 2002 Local Public Health Emergency Preparedness Assessment and hospital capacity assessments (Link with HRSA CrossCutting Education \/Training)
   - 2002 Washington Public Health Standards Baseline Evaluation Study
   - Performance areas identified from regional Emergency Preparedness Response (EPR) plans (Link with Focus Area A)
   - Training needs assessment data will be used from all Focus Areas including data derived from a separate training needs assessment conducted through Environmental Health for chemical and radiological ed/training ***(Link with all Focus Areas/Environmental Health)***

B. Analyze the qualitative data to prioritize learning development projects, linking similar areas of focus to those performance gaps identified in the state 2002 PHIP Public Health Standards Baseline Study so that where applicable learning projects address both areas of need.

C. Participate in PH Ready Pilot Program

Training Plan

D. Review existing curriculum and learning resources, identify gaps and recommend additional products for development.

E. Develop and produce learning products using drills and exercises as a key performance assessment tool to evaluate the products and identify additional learning projects *(Link with Focus Area A)*

F. Participate in PH Ready Pilot Program

G. Incorporate chemical and radiological education/training into regional training plans ***(Link with Environmental Health)***

H. Ensure regional hospital training plan integration with regional public health training plans

Learning Technology Improvements

Local Capacity:

I. Analyze results of assessments completed by local public health agencies and hospitals in 2002 and purchases already acquired to identify priority areas for funding technology improvements

J. Analyze, acquire and implement the infrastructure to support the implementation of Distance Learning Technology

State Capacity:

K. Equip DOH Emergency Operations Center (EOC) facility in Olympia with computers to use for training and EOC functions

L. Equip DOH Olympia site with satellite dish so that DOH professionals can more easily access training and to provide a redundant communication mechanism for EOC purposes

M. Analyze, acquire and implement the infrastructure to support the implementation of Distance Learning Technology at the state level

N. Determine infrastructure needs required for using distance learning technology via the Intergovernmental Network 2 (IGN2)

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Assessment

Hire a contractor through the state PHIP planning process and supplement with Focus Area G funds to:

A.1. Review and analyze 2003 WA Public Health Standards Baseline Evaluation Study to identify performance gaps and target learning initiatives to link with learning needs identified from the LHJ and hospital EPR assessments where appropriate.

2. Work with each RLS to review analysis of existing quantitative data from the capacity assessments, additional regional assessments, and performance needs identified through regional EPR plans to update existing quantitative analyses and further define regional learning priorities.

3. Conduct chemical and radiological training needs assessment ***(Link with Environmental Health)***

4. Review and analyze assessment data ***(Link with Environmental Health)***

B. 1. Select and implement the appropriate qualitative methodology in each region, for those areas needing additional definition, gathering information from key stakeholder organizations (local health agencies, hospitals and emergency management agencies) to further define roles and target performance areas for learning.

2.Conduct a separate focus group with key state public health professionals including laboratorians. (Link with Focus Areas C/D)

3. Analyze qualitative data and prioritize learning development projects, linking similar areas of focus to performance gaps identified in the 2003 PHIP study and performance needs identified from the regional EPR plans.

C. Participate with Thurston County Health Department and the Northwest Center for Public Health Practice (NWCPHP) developing assessment tool used in the PH Ready pilot certification program

Training Plan

D. In collaboration with RLS and subject matter experts-focus area/program liaisons: (Link with all Focus Areas)

- Inventory, evaluate and catalogue existing learning products related to targeted performance areas for learning
- Identify gaps to design products for needs that are not met by existing offerings
- Prioritize products for design and production
- Field test and distribute products to stakeholders

E. 1. Based on the 2002 EPR capacity assessment and the PHIP Public Health Information Technology (PHIT) assessment, choose modes of delivery for identified list of learning products and services that fit within the technical capacity available to the priority stakeholders.

2. Develop strategies to deliver the most-needed learning first:

- Monitor Health Alert Network and other sources of emerging public health concerns and issues for those topics needing rapid response *(Link with Focus Areas B/E)*
- Collaborate with Focus Area F to identify credible sources of information so that

learning tools can be identified, developed and disseminated quickly *(Link with Focus Area F)*

- Use multiple modalities to deliver learning modules

1. Use LMS to assess individual competency level, link available learning resources to assessment and track use of learning resources. Use evaluation data to identify competency areas requiring additional learning strategies.
2. Collaborate with Focus Area A liaison to develop criteria and evaluation tools for drills and exercises that will identify performance gaps. Use evaluation data to identify competency areas requiring additional learning strategies. *(Link with Focus Area A)*

F. Participate with Thurston County Health Department and the NWCPHP developing a training plan to be used in the PH Ready pilot certification program.

G. Incorporate into regional training plans based upon assessment determination

H. Update and disseminate chemical and radiological materials as required and appropriate ***(Link with Environmental Health)***

Learning Technology Improvements

Local Capacity

I. Work with RLS and HRSA liaison to:

1. Complete analysis of capacity assessment results from 2002 and identify purchases acquired.
2. Identify, and prioritize remaining or emerging improvements for individual organizations and facilities. (e.g. increased videoconferencing capacity for selected hospitals and LHJs)
3. Develop the requirements to meet DOH/LHJ/hospital priority business needs and technical implementation plan. (Including clarifying ongoing maintenance and support costs, technical infrastructure requirements, purchasing and billing options) *(Link with HRSA Cross-cutting Ed/Training)*
4. Recommend options for improvements

State Capacity

J, K. Determine roles and responsibilities for purchase, installation and ongoing technical support and maintenance of learning technology purchases.

L. Determine technical, purchasing and installation requirements for computers and satellite dish at the DOH EOC facility.

M.1. Complete analysis of capacity assessment results from 2002 and identify purchases acquired.

2. Identify, and prioritize remaining or emerging improvements for individual organizations and facilities. (e.g. increased videoconferencing capacity for selected hospitals and LHJs)

N. Participate in meetings for Intergovernmental Network 2 development to ensure there is full capacity to support increased learning technology needs

Timeline: What are the critical milestones and completion dates for each task?

A. September, 2003
B. November, 2003

C. June, 2003
D. Initially November, 2003-January, 2004 and then at least once per quarter
E. January, 2004
F. July, 2003
G. December 2003 – February 2004
H. December 2003 – February 2004
I. October-December, 2003
J. Ongoing
K. December, 2003-January, 2004
L. December, 2003-January, 2004
M. Ongoing
N. Ongoing

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Contractor (TBD)
A, B. Focus Area G Coordinator, Contractor in coordination with RLS
C. Focus Area G Coordinator, Thurston County Health Department, Region 3 RLS, NWCPHP
D, E. Focus Area G Coordinator, RLS, Focus Area Program Liaisons
F. Focus Area G Coordinator, Thurston County Health Department, Region 3 RLS, NWCPHP
G. EHP Divisional Planner, Focus Area G Coordinator, RLS, RERC's, EH Learning Liaison, Hospital Learning Liaison
H. EHP Divisional Planner, Focus Area G Coordinator, RLS, RERC's, EH Learning Liaison, Hospital Learning Liaison
I. Focus Area G Coordinator, RLS
J-N. Focus Area G Coordinator, Learning Technology Specialist, Workforce Development Manager, Distance Learning Managers, DOH DIRM

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

A, B.
- Prioritized list of learning needs and performance areas identified from analysis of 2002 Washington Public Health Standards Baseline Evaluation Study, analyses of EPR assessments and regional EPR plans for each region
- Completed chemical and radiological training needs assessment

C. PH Ready Certification
D.
- On-line catalogue of existing resources linked to EPR and PHIP competencies for the top 3 public health and hospital priority areas
- Learning products and services that can be accessed by all end users
- Number of learning products provided

E.
- A system that tracks the competency of the workforce to identify training needs as well as a system that can quickly respond to critical newly identified needs.
- Number of learners from each stakeholder group
- List of performance gaps identified from drills and exercises
- Learning strategies implemented to address performance gaps from drills and exercises

F. PH Ready Certification

O. Chemical and radiological education/training incorporated into regional training plans (with special attention to protocols and procedures training)

P. Chemical and radiological education/training tracked and reported through an LMS or WAPHTN. Distribution of updated chemical and radiological materials

I.
- Assessment results analyzed
- Percentage of organizations needing learning technology improvements that have made improvements
- Number of participants using technology for learning

J., K., L, M, N.
- Learning technologies researched, evaluated and implemented
- IGN2 able to support requirements for learning technology use, particularly by LHJ's
- Roles and responsibilities for purchase, installation and ongoing technical support identified
- Satellite dish and computers purchased and installed at DOH EOC facility
- Number of participants/events using the technology

3. Collaborate with Centers for Public Health Preparedness, other schools of public health, schools of medicine, and academic medical centers to develop, deliver, and evaluate competency-based training to enhance preparedness. Describe activities and training provided in collaboration with CDC-funded Academic Centers for Public Health Preparedness. **(LINK WITH CROSS-CUTTING ACTIVITY *INVOLVEMENT WITH ACADEMIC HEALTH CENTERS, Attachment X)***

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Continue providing funding support at the current level to the Northwest Public Health Leadership Institute and market the program to the Washington public health workforce
2. Continue to participate in quarterly meetings and support the Regional Network coordinated by the NWCPHP to share resources, best practices and current training information with the 5 state northwest region (Alaska, Idaho, Montana, Oregon and Wyoming)
3. Collaborate with the University of Washington Center for Preparedness to disseminate lessons learned from Top-off2 to key stakeholders.
4. Collaborate with NWCPHP and Thurston County Health Department on Public Health

Ready pilot project
5. Review and evaluate existing learning products developed by academic institutions to address priority learning needs that emerge from the EPR hospital and LHJ assessments
6. Collaborate with the NWCPHP and HHS Region 10 in the examination and selection of a web conferencing system to address regional training needs and to facilitate virtual meetings and presentations
7. Collaborate with the NWCPHP and the Pacific Northwest Region of the National Network Libraries of Medicine to evaluate the best use of the National Library of Medicine (NNLM) resources to:
   - Improve EPR awareness and skills for public health and key stakeholders
   - Examine possible partnerships among public health, hospitals, and medical librarians for cross cutting learning opportunities.
8. Collaborate with additional academic health centers (4 year institutions, community and technical colleges, etc.) to identify potential resources for expanding education and training initiatives and projects to reach a larger share of the public health and stakeholder workforce.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Provide funds to University of Washington to support scholars attending the Northwest Public Health Leadership Institute from Washington State

1b. Market the Northwest Public Health Leadership Institute to Washington public health workforces

2a. Participate in Regional Network quarterly meetings, conference calls and listserv

3a. Collect and synthesize available information to identify lessons learned from Top-off2.

3b. Determine best methods for dissemination.

3c. Deliver to key stakeholders using a variety of mediums.

4a. Participate in scheduled meetings and activities for PH Ready pilot program as required

5a. In collaboration with RLS, develop criteria to evaluate learning products produced by academic institutions and others for use with various stakeholders**.**

5b. Use LHJ and hospital learning priorities determined from analyses of both the quantitative (completed FY02-03) and qualitative assessment (to be completed in FY 03-04) data, in the criteria to review existing learning products produced by academic institutions and others.

6a. Work with the NCCPHP and HHS Region 10 to identify stakeholder groups investigating web conferencing services.

6b. Collaborate and participate with these stakeholder groups to test possible solutions and compare notes on functionality.

6c. Recommend a solution.

7a. Work with the NWCPHP and the NNLM to:
   - Identify priority areas of performance improvement across the NW regional states
   - Prioritize target groups including strategic partners such as hospitals etc.
   - Develop strategies to address with NNLM resources

7b. Develop and pilot products and services

7c. Test and revise as needed.

8a. Convene a Washington State Academic Consortium that includes all academic institutions

(including 4 year institutions, AHECs, community and technical colleges, etc) currently involved in development and delivery of emergency preparedness curriculum to identify:

- Existing content in relation to learning priorities extrapolated from assessment data
- Resources for delivery and certification (Including CEU approaches)
- Collaborative strategies to address gaps and distribute resources

Timeline: What are the critical milestones and completion dates for each task?

1. September, 2003
2. October, 2003, January, 2004, April, 2004, July, 2004
3. September, 2003
4. June-December, 2003
5. November, 2003
6. July-October, 2003
7. December, 2003
8. September, 2003-August, 2004

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1. Focus Area G Coordinator/Budget Program Specialist through contract with NWCPHP
2. Focus Area G Coordinator
3. Focus Area G Coordinator, HHS Region 10
4. Focus Area G Coordinator, RLS Region 3, NWCPHP Representative
5. Focus Area G Coordinator NWCPHP, HHS Region 10, representative stakeholders
6. Focus Area G Coordinator, Learning Technology Support Specialist
7. Focus Area G Coordinator, RLS's, Workforce Development Manager, NNLM/PNR, NWCPHP
8. Focus Area G Coordinator, RLS's, Workforce Development Manager, Academic Partners

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

1. Number of scholars attending from Washington State
2. Participation in Regional Network Meetings
3. Dissemination of lessons learned from Top-off2 to local health, other stakeholders and number of participants identified
4. Certificate received for PH Ready
5. Criteria established for review and number of learning products evaluated and identified
6. Web conferencing solution recommended
7. Completed plan to use NLM resources and list of partners
8. EPR Academic Consortium created with plan designed to distribute and deliver resources and address gaps

- (Smallpox) Develop and provide education and training sessions on all components of the smallpox response plan, especially smallpox disease identification and reporting, contact tracing, training of vaccinators, training people to read "takes", and recognition and management of adverse events after vaccination for public health and health care response teams, and other individuals who may be involved in a response (key healthcare workers, key public health workers, key security staff needed to maintain public order, key EMS staff needed to transport ill patients, key hospital staff, key private physicians and their staff who may be occupationally at risk).

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Continue to support a Smallpox Training Liaison in the Immunization Program to serve in the lead role for Smallpox and Strategic National Stockpile Training activities. *(Link with Focus Areas A,B,F)*
2. Review lessons learned from pilot clinics and implementation of Stage 1 focusing on pre-event preparation. Disseminate findings to the public health agencies and hospitals. Revise the Washington Smallpox Response Plan as necessary to include a pre-event component as well as post-event, making modifications as necessary.
3. Continue to update and disseminate materials to those at the regional level trained in 2003 as trainers and who serve in key roles as take readers, adverse events monitors, vaccinators etc.
4. Provide ongoing training sessions as needed to address Stage 1 implementation needs with primary emphasis placed on developing competencies of Smallpox Response teams.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Include funding support for Smallpox Training Liaison (with the Immunization Program) at the state level and encourage RLS to connect with Immunizations Staff in the regions. This liaison will oversee implementation of education and training for smallpox, Strategic National Stockpile and integrate related Workforce Development (WFD) training actions, drills and exercises through primary collaboration with Focus Areas A and B. *(Link with Focus Areas A/B)*

2a. Review and evaluate the after action reports from all clinics being held in the state to assess the level of competencies gained from training and to determine what changes, additions, deletions, etc. need to be made to improve the training materials

2b. Review and evaluate lessons learned provided by RLS from regional training clinics and smallpox clinics

2c. Additional training will occur as necessary based on findings from after action and RLS reports.

2d. Modify post-event training to place greater emphasis on mass vaccination.

3a. A plan for continuation of training for new staff and updating of those already trained will be developed in collaboration with the 9 Regions in WA and other focus area leads. Modifications will be made to materials as necessary and distributed to RLS.

4a. Collaborate with Focus Area B to review smallpox response plans and identify protocols and

procedures that are needed to guide the Public Health Smallpox Response Teams. *(Link with Focus Area B)*

4b. Conduct training needs assessment based on protocols and procedures

4c. Implement training as indicated by the assessment and package into a format for routine use by response team members.

Timeline: What are the critical milestones and completion dates for each task?

1. September, 2003
2. September, 2003
3. October-December, 2003
4. October-December, 2003

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1. Focus Area G Coordinator/Budget Program Specialist
2. Focus Area G Coordinator, Smallpox Training Liaison, RLS, Focus Area B Lead, Focus Areas A/B Liaisons
3. Focus Area G Coordinator, Smallpox Training Liaison, RLS, Focus Areas A/B Leads, Focus Areas A/B Liaisons
4. Focus Area G Coordinator, Smallpox Training Liaison, RLS, Focus Area B Lead, Focus Area B Liaison (Epidemiology Learning Liaison), Response Team Training Coordinator

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

1. Smallpox Training Liaison identified and supported
2.
   - Report on lessons learned from pre-event pilot clinics and subsequent regional clinics
   - DOH Smallpox Response Plan modified
   - Smallpox Training Plan modified according to Response Plan modifications
3. Distribution of updated materials
4.
   - Written SRT procedures and protocols
   - Assessment completed and learning priorities identified
   - Training content and materials developed and delivered to Smallpox Response Teams
   - Content evaluated
   - Competency documented

6. (Smallpox) Following exercise, assess training needs for smallpox preparedness as it pertains to large-scale vaccination clinics — with special emphasis on emergency department personnel, intensive care unit staff, general medical staff (including physicians that will likely encounter adverse events), infectious disease specialists, security personnel, housekeeping staff, other healthcare providers, and public health staff.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Review and evaluate the after action reports from all clinics being held in the state to assess the level of competencies gained from training and to determine what changes, additions, deletions, etc. need to be made to improve the training materials for both pre/post event large-scale vaccination clinics *(Link with Focus Areas A/B)*
2. Revise training plan and materials for mass vaccination for both pre/post events as indicated from findings above.
3. Encourage use of smallpox scenarios in drills/exercises for regional and stakeholder use and capture/distribute lessons learned to key stakeholders (hospitals, local health, etc)
4. Implement mass vaccination training plan as needed.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1. Upon modification and revision of the DOH Smallpox Response plan, modify training plans so that mass vaccination of large populations is included. (e.g. Pre-vaccination and post-vaccination education will have to be conducted differently for a post-event. (Materials or techniques to convey the important information to prospective vaccinees will need to be adapted for large scale vaccination)
2. Utilization of pre-existing materials will be an important technique. CDC has developed a post-event pre-vaccination patient advice video, DVD and accompanying materials that will be utilized as well.
3. Work with RLS to design a process to document findings from the use of smallpox scenarios in drills and exercises and disseminate as appropriate
4. Collaborate with Focus Area A/B liaisons to develop a process to test mass vaccination training plan *(Link with Focus Areas A/B)*

Timeline: What are the critical milestones and completion dates for each task?

1. October, 2003
2. November, 2003
3. November, 2003 and then ongoing
4. March, 2004

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1. Focus Area G Coordinator, Smallpox Training Liaison, RLS, Focus Areas A/B Leads, Focus Areas A/B Liaisons
2. Focus Area G Coordinator, Smallpox Training Liaison, RLS, Focus Areas A/B Leads, Focus Areas A/B Liaisons

3. Focus Area G Coordinator, Smallpox Training Liaison, RLS, Focus Areas A/B Leads, Focus Areas A/B Liaisons
4. Focus Area G Coordinator, Smallpox Training Liaison, Focus Areas A/B Leads, Focus Areas A/B Liaisons, Response Team Training Coordinator

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

1. Report of after action findings from pilot and regional Stage I clinics
2. Revised training plan to accommodate mass vaccination
3. Documentation process developed to identify and capture lessons learned from the use of smallpox scenarios in drills and exercises
4. Process identified for testing and evaluating mass vaccination training plan

7. (Smallpox) Develop and regularly update a community-based online inventory that lists all available technical, clinical, epidemiological, and other expertise that could provide needed services during a smallpox outbreak. (See Appendix 4, IT Function #7) **(LINK WITH FOCUS AREA E)**

Strategies: What overarching approach(es) will be used to undertake this activity?

A standardized database format and structure will be developed to provide the framework for a community-based online inventory that lists all available technical, clinical, epidemiological and other expertise, registries of health care providers, public health staff and other volunteers who could assist in a public health emergency. The goal will be to develop small registries specific to program needs, with the capability to share information between registries. This goal will be reached through several strategies:

1. Define the standard database format and structure, based on the database standards defined in the Public Health Information Network.
2. Develop a web-based mechanism for providing local health agencies with access to contact information for licensed clinicians in their communities, utilizing data maintained in the DOH Health Professions Licensing database.
3. Enhance the contact information system to allow collection and tracking of additional information on licensed clinicians who volunteer to participate in emergency response activities.
4. Building on the experience gained, develop additional program-specific databases (i.e., clinicians and public health volunteers with experience in responding to smallpox). Assure that program-specific databases can be populated either through direct data entry or through linkage with primary clinician contact database.

Data elements of interest for these registries include contact information, licensing information, and smallpox vaccination history. In addition to information collected through the web-based system, these registries could be further populated by regional and local health jurisdiction personnel (through some type of survey) with skills, experience, and other important factors related to roles individuals might play in their local public health emergency response plan.

Vaccination status of newly vaccinated individuals in the registry will be updated when appropriate. State, regions and/or local health agencies will develop strategies for completing data collection on Stage 1 vaccinees, and adding other volunteers (including sentinel providers and epidemiology response team members) as appropriate. Public health staff who have been cross-trained in epidemiologic surveillance and investigation will also be included in this database.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Identify required common data elements for all proposed registries.

1b Develop logical data model for all proposed registries.

2a Proceed with implementation of Provider On-line Database and Registry System (PODRS) to provide local health agencies with basic contact information for licensed clinicians.

2b Develop maintenance and support structure for PODRS.

2c Provide training for local health agencies and DOH staff in using PODRS.

3a. Assure ability of PODRS to support entry of volunteer provider information.

3b Notify priority licensed clinicians of opportunity to volunteer.

3c. Develop mechanisms for local health agencies to access and screen volunteer information.

3d. Provide training to local health agencies for accessing volunteer information.

4a. Utilizing core logical data model, build database and applications specific to program needs (i.e., smallpox program).

4b. Develop mechanisms for populating new database, including linkage to PODRS and ability to manually enter data from surveys.

4c. Develop maintenance and support structure for program-specific databases.

4d. Provide training to local health agencies and DOH staff for using system.

Timeline: What are the critical milestones and completion dates for each task?

1a. Core data elements defined by 8/16/03.

1b. Core logical data model developed by 10/1/03.

2a. Implement PODRS by 10/1/03.

2b. Develop maintenance and support structure for PODRS by 10/1/03.

2c. Provide training on PODRS by 10/1/03.

3a. Assure ability of PODRS to support entry of volunteer provider information by 11/1/03.

3b. Notify priority licensed clinicians of opportunity to volunteer by 11/1/03.

3c. Develop mechanisms for local health agencies to access and screen volunteer information by 11/1/03.

3d. Provide training to local health agencies for accessing volunteer information by 11/1/03.

4a. Build database and application specific to smallpox program by 1/1/04.
4b. Build ability to populate with linkage to PODRS or manual data entry by 1/1/04.
4c. Develop maintenance and support structure for program-specific databases by 1/1/04.
4d. Provide training to local health agencies and DOH staff for using system by 3/1/04.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. DIRM/DOH, Epi Data Specialist, Focus Area G Coordinator, Smallpox Training Liaison
1b. DIRM
2a. HPQA
2b. HPQA/DIRM
2c. Focus Area G Coordinator, Smallpox Training Liaison, RLS
3a. HPQA/DIRM
3b. HPQA/WEDSS
3c. HPQA/WEDSS
3d. Focus Area G Coordinator, Smallpox Training Liaison, RLS
4a. Contractor for CD Epi./DIRM
4b. Contractor for CD Epi./DIRM
4c. DIRM/EHSPHL
4d. Focus Area G Coordinator, Smallpox Training Liaison, RLS

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

- PODRS available to local health agencies
- Web-based volunteer registration system available to clinicians and local health agencies
- Smallpox specific registry available to DOH staff and local health agencies
- Documented maintenance and support plans
- Training delivered, evaluated and tracked
- Competency documented

8. (Smallpox) Enumerate staff needed to support large-scale clinic operations. This includes: vaccinators; security personnel, traffic control staff, vaccine storage and handling staff, clinic managers, screeners, medical staff, and others needed to run a large-scale smallpox clinic, according to previously issued CDC guidance, Guidelines for Smallpox Vaccination Clinics (Annex 2) and Smallpox Vaccination Clinic Guide (Annex 3).

Strategies: What overarching approach(es) will be used to undertake this activity?

A standardized database format and structure will be developed to provide enumeration of staff needed to support large-scale clinic operations and to provide the framework for registries of health care providers, public health staff and other volunteers who could assist in a public health

emergency. The goal will be to develop small registries specific to program needs, with the capability to share information between registries. This goal will be reached through several steps:

1. Define the standard database format and structure, based on the database standards defined in the Public Health Information Network.
2. Develop a web-based mechanism for providing local health agencies and other key stakeholders with access to contact information for staff needed to support large scale clinic operations, licensed clinicians in their communities, utilizing data maintained in the DOH Health Professions Licensing database.
3. Enhance the contact information system to allow collection and tracking of additional information on staff needed to support large-scale clinic operations and licensed clinicians who volunteer to participate in emergency response activities.
4. Building on the experience gained, develop additional program-specific databases (i.e., staff needed to support large scale clinics, clinicians and public health volunteers with experience in responding to smallpox). Assure that program-specific databases can be populated either through direct data entry or through linkage with primary clinician contact database.

   Data elements of interest for these registries include contact information, licensing information, and smallpox vaccination history. In addition to information collected through the web-based system, these registries could be further populated by regional and local health jurisdiction personnel (based on smallpox clinic surveillance reports) with skills, experience, and other important factors related to roles individuals might play in large-scale clinic operations and their local public health emergency response plan.

   Vaccination status of newly vaccinated individuals in the registry will be updated when appropriate. State, regions and/or local health agencies will develop strategies for completing data collection on Stage 1 vaccinees, and adding other volunteers (including sentinel providers and epidemiology response team members) as appropriate. Public health staff who have been cross-trained in epidemiologic surveillance and investigation will also be included in this database.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Identify required common data elements for all proposed registries.

1b. Develop logical data model for all proposed registries.

2a. Proceed with implementation of Provider On-line Database and Registry System (PODRS) to provide local health agencies with basic contact information for licensed clinicians.

2b. Develop maintenance and support structure for PODRS.

2c. Provide training for local health agencies and DOH staff in using PODRS.

3a. Assure ability of PODRS to support entry of volunteer provider information.

3b. Notify staff and priority licensed clinicians of opportunity to volunteer.

3c. Develop mechanisms for local health agencies to access and screen volunteer information.

3d. Provide training to local health agencies for accessing volunteer information.

4a. Utilizing core logical data model, build database and application specific to program needs (i.e., smallpox program).

4b. Develop mechanisms for populating new database, including linkage to PODRS and ability to manually enter data from surveys.

4c. Develop maintenance and support structure for program-specific databases.

4d. Provide training to local health agencies and DOH staff for using system.

Timeline: What are the critical milestones and completion dates for each task?

1a. Core data elements defined by 8/16/03.

1b. Core logical data model developed by 10/1/03.

2a. Implement PODRS by 10/1/03.

2b. Develop maintenance and support structure for PODRS by 10/1/03.

2c. Provide training on PODRS by 10/1/03.

3a. Assure ability of PODRS to support entry of volunteer provider information by 11/1/03.

3b. Notify priority licensed clinicians of opportunity to volunteer by 11/1/03.

3c. Develop mechanisms for local health agencies to access and screen volunteer information by 11/1/03.

3d. Provide training to local health agencies for accessing volunteer information by 11/1/03.

4a. Build database and application specific to smallpox program by 1/1/04.

4b. Build ability to populate with linkage to PODRS or manual data entry by 1/1/04.

4c. Develop maintenance and support structure for program-specific databases by 1/1/04.

4d. Provide training to local health agencies and DOH staff for using system by 3/1/04.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. DIRM/DOH, Epi Data Specialist, Focus Area G Coordinator, Smallpox Training Liaison

1b. DIRM

2a. HPQA

2b. HPQA/DIRM

2c. Focus Area G Coordinator, Smallpox Training Liaison, RLS

3a. HPQA/DIRM

3b. HPQA/WEDSS

3c. HPQA/WEDSS

3d. Focus Area G Coordinator, Smallpox Training Liaison, RLS

4a. Contractor for CD Epi./DIRM

4b. Contractor for CD Epi./DIRM

4c. DIRM/EHSPHL

4d. Focus Area G Coordinator, Smallpox Training Liaison, RLS

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

- PODRS available to local health agencies
- Web-based volunteer registration system available to clinicians and local health agencies
- Smallpox specific registry available to DOH staff and local health agencies
- Documented maintenance and support plans
- Training delivered, evaluated and tracked
- Competency documented

9. (Smallpox) Train staff needed to support large-scale clinic operations. This includes: vaccinators; security personnel, traffic control staff, vaccine storage and handling staff, clinic managers, screeners, medical staff, and others needed to run a large-scale smallpox clinic, according to previously issued CDC guidance, Guidelines for Smallpox Vaccination Clinics (Annex 2) and Smallpox Vaccination Clinic Guide (Annex 3).

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Review Tab E of the DOH Smallpox Response Plan and determine the number of staff in each category that have been trained to identify any additional training needs.
2. Based on this assessment, develop a training plan to address gaps.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Obtain information from the RLS on the number of people trained and align with pre/post test results. Develop a GIS map that shows geographically where trained people are located to assist in determining preparedness. *(Link with Focus Area B)*

2a. Collaborate with all Focus Area liaisons to review Tab E and identify gaps**.** *(Link with Focus Areas A,B,C,D, F)*

2b. Develop training plan to address gaps.

Timeline: What are the critical milestones and completion dates for each task?

1a. October, 2003 for alignment and numbers trained

1b. December, 2003 for completion of GIS map

2a. January, 3004 for completion of plan to address gaps

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1. Focus Area G Coordinator, Smallpox Liaison, RLS, GIS staff
2. Focus Area G Coordinator, Smallpox Training Liaison, Focus Area Liaisons, RLS

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

1.
   - Data collected on number trained in each region
   - Number trained aligned with pre/post test results
   - GIS map with location of those adequately trained
2. Plan developed to address gaps
3. Competency documented

ENHANCED CAPACITY #12: To ensure that public and private health professionals and other members of the community are identified in advance and can be effectively trained to mobilize and respond during a public health emergency.

RECIPIENT ACTIVITIES:

1. In collaboration with local health agencies, clinician professional organizations, hospital associations, occupational health agencies, Centers for Public Health Preparedness, other schools of public health, schools of medicine, and other community -based partners identify a list of qualified public health, healthcare, and responder personnel who would comprise a local, geographically defined response workforce for specific hazards and threats (e.g. biological, chemical, radiological, mass trauma, etc.) (See Appendix 4, IT Function #7) **(LINK WITH FOCUS AREA E)**

Strategies: What overarching approach(es) will be used to undertake this activity?

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

ENHANCED CAPACITY #13: To provide directly or through other organizations the ongoing systematic evaluation of the effectiveness of training, and the incorporation of lessons learned from performance during bioterrorism drills, simulations, other exercises, events, and evaluations of those exercises.

RECIPIENT ACTIVITIES:

1. Design and develop formal evaluations and competency reviews to assess performance of the public health, healthcare delivery, and laboratory workforce in responding to a public health emergency. Include an analysis to identify performance gaps and a strategy to implement recommended improvements. Collaborate with state-based and national public health and healthcare professional organizations and agencies.

Strategies: What overarching approach(es) will be used to undertake this activity?

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?
